

STATE OF ALASKA

Department of Health & Social Services

Division of Public Health

Section of Community Health & Emergency Medical Services

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TRAUMA CENTER

(EMS Office Use Only)

Date Received:

Date Issued:

Date Expired:

Certification #

APPLICATION FOR CERTIFICATION AS A LEVEL I, II, III, OR IV TRAUMA CENTER

1. Date of Application
2. Legal Name of Facility
3. Mailing Address: _____
(Street)

(City) (Zip)
4. Geographic Address: _____ (if different from
above) (Street)

(City) (Zip)
5. Name of Administrator or
Chief Executive Officer (CEO) of Facility
6. Telephone of Administrator or CEO (Business)
7. Type of Trauma Center (check one):
 - a) ☐ Level I Trauma Center, or Specialty Trauma Referral Center
 - b) ☐ Level II Trauma Center, or Regional Trauma Center
 - c) ☐ Level I or II Trauma Center with Pediatric Commitment
 - d) ☐ Level III Trauma Center, or Area Trauma Center
 - e) ☐ Level IV Trauma Center, or Local Trauma Stabilization Center
 - 1) ☐ hospital
 - 2) ☐ clinic with 24 hour emergency department

8. List physician trauma service director:

(Not required for Level IV Trauma Center applicants {see pages 4 – 7}.)

(Name)	(AK. License #)	(Physician's Signature)
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Note: The physician trauma director must sign before submitting application. (If the physician trauma director is affiliated with the Indian Health Service or the military, please indicate state(s) of license and license number(s).

9. Name of person(s) responsible for continuing medical education program:

(Name)	(Phone #)
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(Name)	(Phone #)
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(Name)	(Phone #)
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(Name)	(Phone #)
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10. For Level I, II, and III Trauma Center applicants, and Level I or II Trauma Centers with Pediatric Commitment, attach a copy of your verification from the American College of Surgeons Committee on Trauma.

11. Does your facility agree to participate in the statewide Alaska Trauma Registry and to provide data to the department at least quarterly (March 31, June 30, September 30, December 31)?

NOTARIZED STATEMENT:

PLEASE COMPLETE SECTION (1) OR (2) BELOW, WHICHEVER IS APPLICABLE:

- 1) (IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER, OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)

I certify under penalty of perjury that the foregoing is true and accurate.

(Signature of Applicant)

(Date)

THIS IS TO CERTIFY that on this _____ day of _____, 20_____, before me appeared _____, and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

(Notary Public, Postmaster, Clerk of Court, or Judge, Magistrate, State Trooper or authorized State employee)

My Commission Expires
or
My Badge Number is

-
- (2) (IF THERE IS NOT NOTARY PUBLIC, POSTMASTER, CLERK OR COURT, JUDGE, MAGISTRATE, STATE TROOPER, OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT MUST SIGN HERE.)

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper, or authorized State employee is available.

(Signature of Applicant)

(Date)

(Location)